

CUSTOMER NO. 24498
Serial No. 10/091,816

PATENT
PU010195

JPW 2611
\$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : SCOTT EDWARD KLOPFENSTEIN
Serial No. : 10/091,816
Filed : March 6, 2002
For : METHOD AND APPARATUS FOR ADAPTIVELY
STORING PROGRAM GUIDE DATA
Examiner : Jason P. Salce
Art Unit : 2611

INFORMATION DISCLOSURE STATEMENT

- ☐ 1 Pursuant to 37 CFR 1.97(b)
[within 3 months of filing or prior to 1st Office Action]
☐ 2 Certification Pursuant to 37 CFR 1.97(c)
[before Final Office Action or Allowance]
☐ 3 Fee Payment Pursuant to 37 CFR 1.97(c)
[before Final Office Action or Allowance]
☒ 4 Petition, Certification & Petition Fee Payment Pursuant to 37 CFR 1.97(d)
[before issue fee payment]

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The following are submitted in the above-identified application in compliance with 37 CFR 1.97 & 1.98:

- ☒ 5 A list of documents on form PTO-1449 together with copies of each identified document and a translation or a concise explanation of each non-English language document is enclosed herewith.

This paper is submitted in accordance with:

- ☐ 6 37 CFR 1.97(b): [within 3 months of filing or prior to 1st Office Action]
☐ 7 37 CFR 1.97(c): [before Final Office Action or Allowance, whichever is earlier]; and

☒ 8 The required certification made in item 11 below; or

- ☐ 9 The \$180.00 fee specified in 37 CFR §1.17(p) for submission of this Information Disclosure Statement is authorized in item 14 below.

- ☒ 10 37 CFR § 1.97(d): [before issue fee payment]; and

- (a) This is a petition for consideration of the subject Information Disclosure Statement. The petition fee (\$130.00) required by 37 CFR 1.17(i)(1) is authorized in item 14 below. (Direct this letter to "Attention PETITIONS EXAMINER" and if applicable include batch locator information: e.g., "Allowed Files, Batch ___, Date of Allowance ___"), and
(b) The required Certification is stated in item 11 below.

☒ 11 Certification

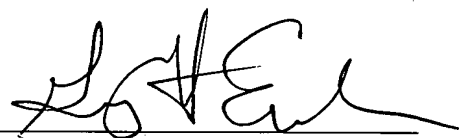
- ☒ 12 Each item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement; or
- ☐ 13 No item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application and, to the knowledge of the person signing this document after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three (3) months prior to the filing of this Statement.

- ☒ 14 Please charge the \$130.00 fee and any other costs that may be associated with the submittal of this Information Disclosure Statement to Deposit Account No. 07-0832. An original and one (1) copy of this document is enclosed.

Respectfully Submitted,

SCOTT EDWARD KLOPFENSTEIN.

BY:


Guy H. Eriksen, Attorney for Applicants
Registration No. 41,736
(609) 734-6807

GHE:pdf

Thomson Licensing Inc.
Patent Operations
P. O. Box 5312
Princeton, New Jersey 08543-5312

Enclosures

August 10, 2005

Certificate Of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in a postage-paid envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.

Date:

August 11, 2005

Signature


Patricia M. Fedorowycz



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

| | |
|----------------------|---------------------------|
| Application Number | 10/091,816 |
| Filing Date | March 6, 2002 |
| First Named Inventor | Scott Edward Klopfenstein |
| Examiner Name | Jason P. Salce |
| Art Unit | 2611 |
| Attorney Docket No. | PU010195 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order

☐ None ☐ Other (please identify):

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

| Small Entity | Fee (\$) |
|--------------|----------|
| 50 | 25 |

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$)

- 20 or HP = x \$50 = \$

Multiple Dependent Claims

Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Independent Claims Extra Claims Fee (\$)

- 3 or HP = 0 x \$200 = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): FEE FOR FILING IDS STATEMENT

\$130.00

SUBMITTED BY

| | | | | | |
|-------------------|----------------|-----------------------------------|--------|-----------|-----------------|
| Name (Print/Type) | GUY H. ERIKSEN | Registration No. (Attorney/Agent) | 41,736 | Telephone | (609) 734-6808 |
| Signature | | | | | August 10, 2005 |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/08a (08-03)